



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E390745**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-0065
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 01 - 08 - 2015	0535	31		
				N S E W IN OF <input checked="" type="checkbox"/>
				0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO.	
S LAKE STEVENS RD	MILE POST	

DISTANCE	20	00	MILES	N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	20TH ST SE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4255082489
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LAST NAME	HOLMES	FIRST NAME	JEFFREY	MIDDLE INITIAL	J
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STREET NEW ADDRESS	2308 116TH DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HOLMEJJ292ND	STATE	WA	SEX	U	D.O.B. MMDDYYYY	08	04	1971
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ABR8706	STATE	WA	VIN#	1J4FF48S9YL179147
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2000	MAKE	JEEP	MODEL	JPCH	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JEFFREY HOLMES 2308 116TH DR SE LAKE STEVENS WA 98258 D: 4255082489

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 1170313-F09-47D
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4253347348
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LAST NAME	HUTCHINSON	FIRST NAME	MICHAEL	MIDDLE INITIAL	S
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STREET NEW ADDRESS	10308 40TH PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HUTCHMS092D7	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	27	1991
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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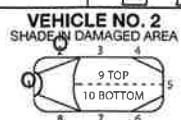
LICENSE PLATE #	AOS4446	STATE	WA	VIN#	1NXBA02E8TZ500561
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1996	MAKE	TOYT	MODEL	COROLL	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E390745

CASE #

15-0065

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling south on the east side of the Tom Thumb parking lot. Unit 2 was traveling north on the east side of the Tom Thumb parking lot. Driver of Unit 2 diverted his attention by looking to the right at a truck backing up. While the driver of Unit 2 was looking to his right, he continued moving and struck Unit 1.

No one was hurt and both unit's were driveable.

Unit 2 was at fault due to inattention to other moving units in the parking lot.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-09-15 04:13 AM

DATED

PLACE SIGNED

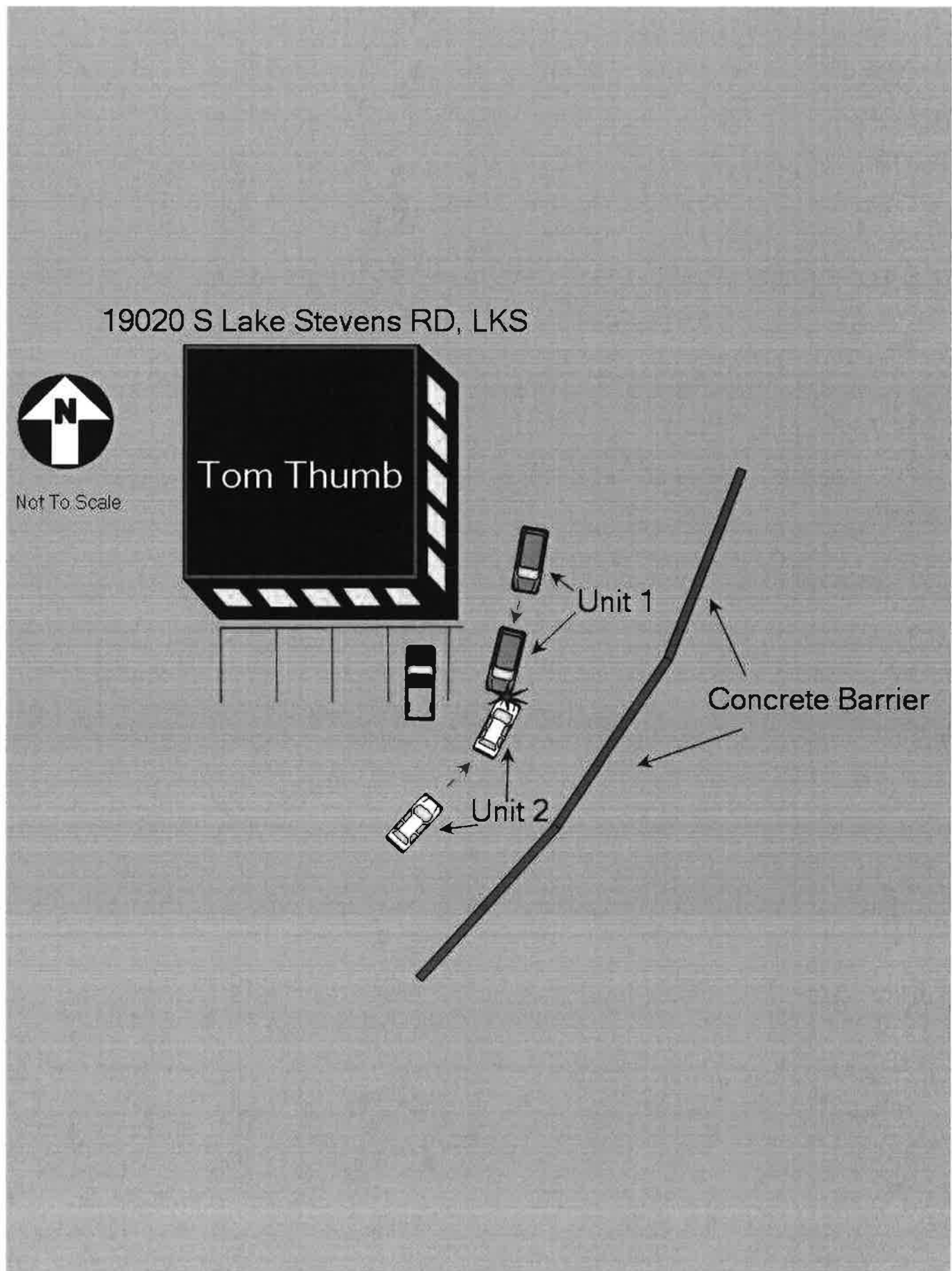
APPROVED BY

SGT. C. VALWICK 71

DATE

1/9/2015 12:19:24 PM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	5:41 AM	TIME POLICE ARRIVED	5:50 AM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-0065


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) HOLMES JEFFREY J	RACE W	ETH	SEX M	DOB 08/04/71	AGE 43	HGT 5-11	WGT 200	HAIR BROWN	EYES BLUE
STREET ADDRESS 2308 116 TH AVE SE		CITY LAKE STEVENS			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE NONE		CELL PHONE 425-508-2489			PLACE OF EMPLOYMENT LOCAL 32 PLUMBERS + PIPEFITTERS					
WORK PHONE NONE		EMAIL ADDRESS Steamfitter32@yahoo.com								

I, JEFFREY HOLMES, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

DARK OUTSIDE, AND THE OTHER VEHICLE MADE MOVING MANUEVER QUICKLY TO AVOID A LARGE TRUCK BACKING UP. THE DRIVER TURNED HIS HEAD TO LOOK AT THE TRUCK NOT SEEING MY CAR AND HIT ME. HIS FRONT END TO MINE. DRIVER HAD NO PROFF OF INSURANCE OR DRIVERS LICENSE ON HIM AT THE TIME. SO I CALLED 911 AROUND.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 1/8/2015	LOCATION SIGNED LAKE STEVENS WA
OFFICER/NUMBER: SKILROY 1132	DATE SIGNED 1/8/15	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-0065

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hutchinson Michael	RACE W	ETH	SEX M	DOB 3-27-91	AGE 23	HGT 5'10"	WGT 165	HAIR Blk	EYES Blue
STREET ADDRESS 10308 40th PLS E		CITY Lake Stevens			STATE WA		ZIP 98258		RES. STATUS	
HOME PHONE 425-334-7349		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Michael Hutchinson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

as I was pulling out of turn
thumb parking space I swerved
to avoid a black dodge who also
was backing up when I turned
I hit the jeep

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: SKILROY / 132	DATE SIGNED 11/8/15	LOCATION SIGNED LAKE STEVENS

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PAGE 1 OF 1

Entered	01/08/15	05:40:41	BY SPCT09	SP0399
Dispatched	01/08/15	05:41:22	BY SPDF17	SP0120
Enroute	01/08/15	05:41:22		
Onscene	01/08/15	05:50:29		
Closed	01/08/15	06:18:20		

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1419 Map Page: 397F-4 Group: SS1 Beat: SOUT

Src: T

Loc: 1920 S LAKE STEVENS RD , LKS -- TOM THUMB GROCERY , LKS btwn S DAVIES RD & 2
0 ST SE (V)

Loc Info:

Name: HOLMES, JEFFEREY

Addr:

Phone: 4255082489

/0540 (SP0399) ENTRY , CC, DRIVER OF VEH: 98 TOYOTA COROLLA HAS NO INS
OR LICENSE, VEH: 00 JEEP CHEROKEE

/0540 (SP0120) PISEEN
/0541 DISPER 19N3 #SS132 KILROY, OFFICER (JOSH)

ASSTER 19S10 [1920 S LAKE STEVENS RD , LKS]
#SS13 BROOKS, SGT (RON)

/0550 (SS132) *ONSCNE 19N3

/0552 (SS13) *ONSCNE 19S10

0556	(SP0120)	REMIHQ	19N3	VEH, 19N3, ABR8706,,,,,,,,,,,,,,,,,,,,,
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/0556	REMINQ	19N3	VEH, 19N3, AOS4446,
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/0600	(SS132)	REMINQ	19N3	MDTWANT, HUTCHINSON, MICHAEL, S, 032791,,, WA,,,,,,
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/0602 REMINQ 19N3 MDTWANT, HUTCHINSON, MICHAEL, S, 032791,, WA,,,,,,

/0610 (SP0120) ASNCAS 19N3 \$\$\$15000065

/0615	(SI 0120)	ASNCNS	19N3	\$55
/0615		CLEAR	19N3	D/H

/0618	CLEAR	19S5	D/
/0618	CLEAR	19S10	, D

/0618	CLEAR	19S18
/0618	CLOSE	19S10